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July 7, 2005

TO: U.S. PATENT AND TRADEMARK OFFICE

ATTN: Examiner Catherine A. Simone

FAX NO.: 703-872-9306

TELEPHONE:

FROM: Michael A. Bush

RE: FEE TRANSMITTAL FOR PETITION FOR EXTENSION OF TIME

SERIAL NO.: 09/995,832

OUR DOCKET: 1642.1001

NO. OF PAGES (Including this Cover Sheet) 2

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on July 7, 2005
By: Ebony M. Bumbrey
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S&H Form: (02/05)

REPLY/AMENDMENT FEE TRANSMITTAL		Attorney Docket No.		1642.1001	
		Application Number		09/995,832	
		Filing Date		November 29, 2001	
		First Named Inventor		Akiko MIYAKAWA, et al.	
		Group Art Unit		1772	
AMOUNT ENCLOSED		1020.00		Examiner Name Catherine A. SIMONE	
FEE CALCULATION (fees effective 12/08/04)					
CLAIMS AS AMENDED	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra	Rate	Calculations
TOTAL CLAIMS	12	- 20 =	0	X \$ 50.00 =	\$ 0.00
INDEPENDENT CLAIMS	4	- 4 =	0	X \$ 200.00 =	0.00
Since an Official Action set an <u>original</u> due date of <u>April 7, 2005</u> , petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (1 month (\$120)); (2 months (\$450)); (3 months (\$1,020)); (4 months (\$1,590)); (5 months (\$2,160));					1,020.00
If Notice of Appeal is enclosed, add (\$500.00)					
If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$130.00)					
Information Disclosure Statement (Rule 1.17(p)) (\$180.00)					
Total of above Calculations =					\$ 1020.00
Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)					
TOTAL FEES DUE =					\$ 1020.00
<small>(1) If entry (1) is less than entry (2), entry (3) is "0". (2) If entry (2) is less than 20, change entry (2) to "20". (4) If entry (4) is less than entry (5), entry (5) is "0". (5) If entry (5) is less than 3, change entry (5) to "3".</small>					
METHOD OF PAYMENT					
<input type="checkbox"/> Check enclosed as payment. <input checked="" type="checkbox"/> Charge "TOTAL FEES DUE" to the Deposit Account No. below. <input type="checkbox"/> No payment is enclosed.					
GENERAL AUTHORIZATION					
<input checked="" type="checkbox"/> If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees necessary to: Deposit Account No. 19-3935 Deposit Account Name STAAS & HALSEY LLP					
<input checked="" type="checkbox"/> The Commissioner is also authorized to credit any overpayments or charge any additional fees required under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR 1.53(d)) to maintain pendency hereof or of any such related application.					
SUBMITTED BY: STAAS & HALSEY LLP					
Typed Name		Michael A. Bush		Reg. No.	48,893
Signature				Date	July 7, 2005

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